

# Schizophrenia: Classification, Treatment and Social Contexts

A critical overview of historical and contemporary perspectives

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## Introduction

Schizophrenia is a severe and chronic mental health disorder affecting thinking, perception and behaviour. It is commonly associated with psychosis, including hallucinations, delusions and disorganised thinking (World Health Organization, 2019). Although widely researched, schizophrenia remains complex due to its biological, psychological and social causes. This poster critically explores its classification, treatment and wider social implications.



## AIM

To critically examine how schizophrenia has been classified and treated over time, considering social, cultural and political influences.

## APPROACH

Based on ICD-11, NICE guidance and academic literature to compare historical and contemporary perspectives (WHO, 2019; NICE, 2014).

## SIGNIFICANCE

Schizophrenia remains highly stigmatised, affecting access to care, social inclusion and recovery outcomes (Corrigan, 2004).

## HISTORICAL & CLASSIFICATION

Schizophrenia has evolved significantly in its classification. Kraepelin initially described it as dementia praecox, focusing on early deterioration (Kraepelin, 1919). Bleuler later introduced the term schizophrenia, emphasising fragmentation of thought rather than inevitable decline (Bleuler, 1911). Over time, diagnostic systems such as DSM and ICD attempted to standardise criteria. However, earlier models were heavily biomedical and often ignored social factors influencing mental health (Tandon et al., 2013). ICD-11 reflects a more flexible and dimensional approach, focusing on symptom patterns and functional impact rather than rigid subtypes (WHO, 2019). This shift allows a more person-centred understanding of schizophrenia. Current evidence suggests schizophrenia results from a combination of biological vulnerability and environmental factors, including trauma and social disadvantage (Read et al., 2005).



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## KEY POINT

Classification has shifted from rigid medical model

## CORE FEATURES

- Hallucinations and delusions
- Disorganised thinking and speech
- Emotional flattening
- Social withdrawal
- Cognitive impairment (WHO, 2019)

# Schizophrenia: Social Context, Treatment and Future Directions

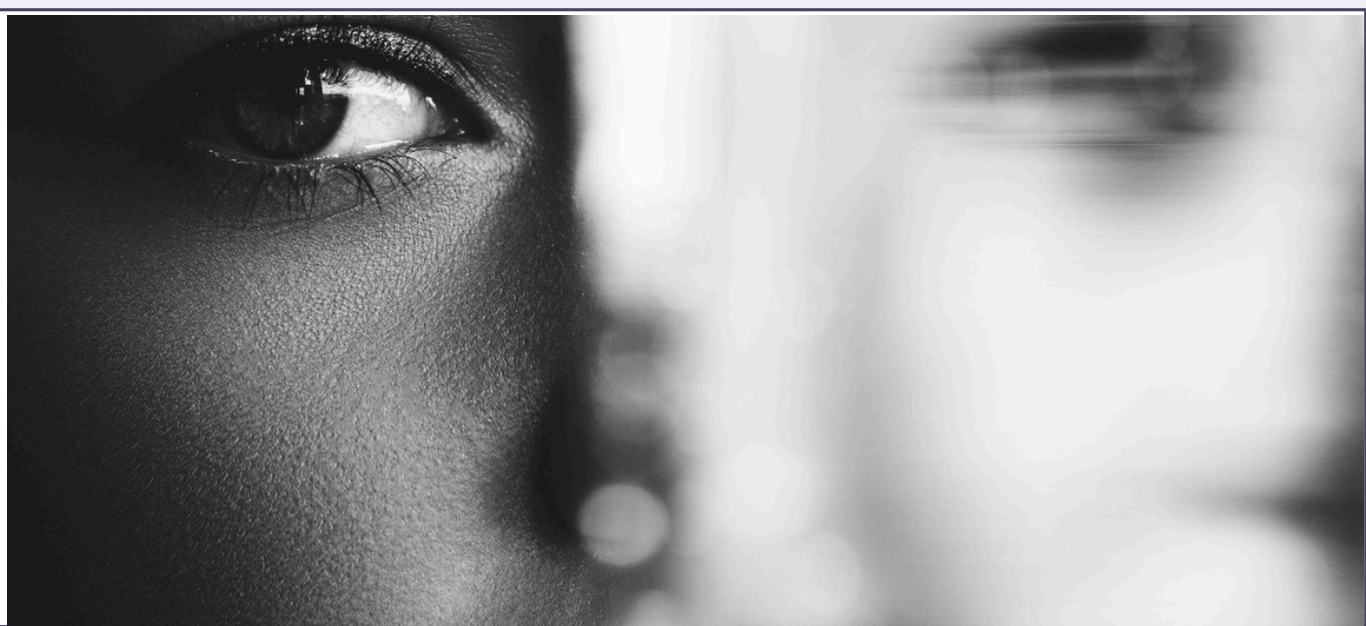
From institutionalisation to recovery-based care

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## SOCIAL CONTEXT

Schizophrenia is strongly influenced by social and cultural factors. Stigma remains a major barrier, contributing to discrimination, social exclusion and reduced help-seeking (Corrigan, 2004).

Public perceptions often associate schizophrenia with danger, despite limited evidence, reinforcing negative stereotypes (Angermeyer and Dietrich, 2006).



## HISTORICAL TREATMENT

- Institutionalisation in asylums
- Loss of autonomy
- Limited understanding of causes (Shorter, 1997)

## CONTEMPORARY TREATMENT

- Antipsychotic medication
- Cognitive Behavioural Therapy (CBT)
- Community-based care
- Recovery-focused approach (NICE, 2014)

## PROVISION OF CARE

Care has improved, but inequalities remain in access and quality of services (Patel et al., 2018).

## CRITICAL ANALYSIS

- Community care improved independence (NICE, 2014)
- Services remain inconsistent
- Over-reliance on medication
- Ethnic inequalities in care (Bhui et al., 2015)
- Social factors often ignored (Patel et al., 2018)



## RECOMMENDATIONS

- Improve access to early intervention
- Increase culturally competent care
- Reduce stigma through education
- Strengthen psychological and social support
- Address social inequalities in care

## FINAL POINT

A holistic approach combining medical, psychological and social care is essential for effective long-term outcomes.

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Image sources

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